

CRITERIA FOR PRIOR AUTHORIZATION

Antidepressant Medications – Safe Use for All Ages

PROVIDER GROUP Pharmacy  
Professional (Spravato™ Only)

MANUAL GUIDELINES The following drugs (all strengths and dosage forms) require prior authorization as outlined in the criteria below:

Amitriptyline (Elavil®)	Levomilnacipran (Fetzima®)
Amoxapine	Maprotiline
Bupropion (Forfivo® XL, Wellbutrin®, Wellbutrin® SR, Wellbutrin® XL)	Milnacipran (Savella®)
Citalopram (Celexa®)	Nefazodone
Clomipramine (Anafranil®)	Nortriptyline (Pamelor®)
Desipramine (Norpramin®)	Paroxetine (Paxil®, Paxil CR®, Pexeva®)
Desvenlafaxine (Khedezla®, Pristiq®)	Phenelzine (Nardil®)
Doxepin (Silenor®)	Protriptyline (Vivactil®)
Duloxetine (Cymbalta®)	Selegiline
Escitalopram (Lexapro®)	Sertraline (Zoloft®)
Fluoxetine (Prozac®, Prozac Weekly®)	Tranlycypromine (Parnate®)
Fluvoxamine (Luvox®, Luvox CR®)	Trimipramine (Surmontil®)
Imipramine (Tofranil®, Tofranil® PM)	Venlafaxine (Effexor®, Effexor XR®)
Isocarboxazid (Marplan®)	Vilazodone (Viibryd®)
	Vortioxetine (Trintellix®)

CRITERIA FOR PRIOR AUTHORIZATION FOR ANTIDEPRESSANTS MEDICATIONS:

- MULTIPLE CONCURRENT USE:
  - Each of the following criteria for multiple concurrent use will require prior authorization:
    - For patients **< 13 years of age**, two or more different antidepressants used concurrently for greater than 60 days
    - For patients **≥ 13 years of age**, three or more different antidepressants used concurrently for greater than 60 days
    - Two or more different selective serotonin reuptake inhibitors (SSRIs) used concurrently for greater than 60 days (defined in table 1)
    - Two or more different serotonin norepinephrine reuptake inhibitors (SNRIs) used concurrently for greater than 60 days (defined in table 2)
    - Two or more different tricyclic antidepressants (TCAs) used concurrently for greater than 60 days (defined in table 3)
  - Prior authorization will require written peer-to-peer consult with health plan psychiatrist, medical director, or pharmacy director for approval, followed by a verbal peer-to-peer if unable to approve written request.

LENGTH OF APPROVAL: 12 months

## **~~DRAFT APPROVED~~ PA Criteria**

**RENEWAL CRITERIA:** Patient is stable and has been seen in the past year.

### **CRITERIA FOR PRIOR AUTHORIZATION FOR Esketamine (Spravato™) Nasal Spray:**

- Patient must have a diagnosis of treatment-resistant depression, including:
  - DSM-5 criteria for major depressive disorder
  - Inadequate response (in the current episode) to at least 2 different antidepressants despite adequate therapeutic dose and 6 weeks duration of each medication
- Patient, provider, and provider's staff must be registered, educated, and be in good standing with the associated REMS program-
- Patient must not have any nasal condition that could compromise the absorption of medication. [VN1]
- Patient must be screened for active/risk for substance abuse disorder [VN2]
- Prescriber has addressed the appropriateness of psychotherapy with the patient

### **LENGTH OF INITIAL APPROVAL: 6 months**

#### **RENEWAL CRITERIA:**

- Documented evidence of significant treatment benefit/improvement beyond previously tried regimens, i.e. significantly improved score on a validated rating scale, ability to return to work, etc. patient is in remission or partial remission
- Negative drug screen.

### **LENGTH OF APPROVAL FOR RENEWAL: 12 months**

**TABLE 1. SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)**

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)
Citalopram (Celexa®)
Escitalopram (Lexapro®)
Fluoxetine (Prozac®, Prozac Weekly®)
Fluvoxamine (Luvox®, Luvox CR®)
Paroxetine (Paxil®, Paxil CR®, Pexeva®)
Sertraline (Zoloft®)

**TABLE 2. SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)**

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)
Desvenlafaxine (Khedezla®, Pristiq®)
Duloxetine (Cymbalta®)
Levomilnacipran (Fetzima®)
Milnacipran (Savella®)
Venlafaxine (Effexor®, Effexor XR®)

**TABLE 3. TRICYCLIC ANTIDEPRESSANTS (TCAs)**

TRICYCLIC ANTIDEPRESSANTS (TCAs)
Amitriptyline

~~DRAFT APPROVED~~ PA Criteria

Amoxapine
Clomipramine (Anafranil®)
Desipramine (Norpramin®)
Doxepin
Imipramine (Tofranil®)
Imipramine Pamoate (Tofranil® PM)
Nortriptyline (Pamelor®)
Protriptyline (Vivactil®)
Trimipramine (Surmontil®)

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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DATE

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PHARMACY PROGRAM MANAGER  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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DATE